## STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

## RECEIVED

PLEASE PRINT	APR 2 2 2019
I. Name of Lobbyist(s) Glenn R. Milner	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
109 North State Street Suite 9 Concord Business Address: (Street) (Town/City) (State)	D, NH 03301 (Zip Code)
603) 890-6020 603 505-4652 e-mail 9/cy	inmilnere me com
III. This statement covers: (Choose one - file separate reports for each client, OR you reportable expense transactions which are not attributable to any one client).	may file a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to	the following client:
American Association of University Professor (Full Name of Client as it appears on the Lobbyist Registration Form)	cs-unt chapte
OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobby unrelated to any particular client.	ing firm listed below which are
IV. Date of Report April 24, 2019 V July 31, 2019 C Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/	719
October 30, 2019	
V. There have been no fees received and no reportable transactions made since If this box is checked, complete just this form and submit it to the Secretary of State's Office Concord, NH 03301.	e the last report.   Grant House, Room 204,
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A- Fees and	
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Expense Reimbursement	Report of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must file Adden	dum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the and complete to the best of my knowledge and belief.  (Signature Clobbyist)  (I)  (Signature Clobbyist)	
(Print Name of lobbyist)	

## STATE OF NEW HAMPSHIRE



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## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Date hapter
that are related, directly or indirectly relations, or public relations service oss fee amount reported shall not be
a) \$ 1,500.00
b) \$
c)\$_1.500.0U
d) \$
port all expenses made from lobbying client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses pair expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$5, expense reimbursement, or politic ed on Addendum A.
a) \$
b)\$

c) \$

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
Mellen	4-22-19
(Signatu of lobbyist)	(Date)
Glenn R. Milner (Print Name of lobbyist)	